MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

31562-023232 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 3118
3 2
4 0
5 0
6
7 1
8 2
9 331X
10
11
12 86-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — INSTEAD OF — SHOULD READ — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 20Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Walnut Nursing Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1005 Broadway
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First J E S S E Middle C. Last M c B R I D E

4. DATE OF DEATH: Month June Day 13, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-14-1883

9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Showman

10b. KIND OF BUSINESS OR INDUSTRY: Carnival Worker

11. BIRTHPLACE (City and state or country): East Aurora, New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.

17. INFORMANT Address: George Gordon, 5525 North Bennington, Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, Generalized — 5 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January '62, to June 62 and last saw him alive on 30 May 1962.
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Graham (Degree or title): Wallace H. Graham, M.D.

22b. ADDRESS: 518 Argyle Bldg. K.C., Mo.

22c. DATE SIGNED: 14 June '62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 16, 1962

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Freeman Mortuary, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-15-62

26. REGISTRAR'S SIGNATURE: Ruth D Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. Frank Ellis
General Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ______________________________, Student Embalmer No. __________ working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.